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COMMONWEALTH OF MASSACHUSETTS STANDARD CONTRACT AMENDMENT FORM

This Amendment Form is jointly issued by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) for use by all Commonwealth Departments. Any changes or electronic alterations, by either the Department or the Contractor, to the official printed language of this form as published by ANF, CTR and OSD shall be void. Contract Amendments must be authorized as part of the original Contract procurement and must be executed contemporaneously with the need for the Contract Amendment and prior to the scheduled termination date of the Contract.

CONTRACTOR NAME:	DEPARTMENT NAME:		
Vendor Code:			
ADDRESS:	ADDRESS:		
CURRENT	CONTRACT INFORMATION:		
Current Doc. ID Number Of Contract Being Amended:	·		
Current Total Contract Dates (Includes Original Contract Start	Date and Amendments): START: TERMINATION:		
Current Total Maximum Obligation Of Contract (Inclusive Of "N/A" if Contract is a Rate Contract, Statewide Contract or Quali			
CHOOSE ONE AMENDMENT COLUMN BE	ELOW, either "STANDARD AMENDMENT" OR "AMENDMENT" and check off any applicable amendments under that column.		
STANDARD AMENDMENT (Check all that apply):	AMENDMENT TO EXERCISE OPTION TO RENEW (Check all that apply):		
Amendment To Contract Performance	Amendment To Contract Performance		
Amendment To Contract Maximum Obligation	Amendment To Contract Maximum Obligation		
Amendment To Contract Budget Or Rates	Amendment To Contract Budget Or Rates		
Amendment To Contract Dates Of Performance	Amendment To Contract Dates Of Performance		
Other: (Explain)	Other: (Explain)		
DESCRIPTION OF REASON FOR AMENDMENT: (Attach ale	l relevant documentation detailing amendment(s)):		
NEW CONTRACT INFORMATION	N (indicate "N/A" if not applicable or "N/C" for no change):		
	e and Amendments): START: TERMINATION:		
Amount Of Amendment Change (if applicable): \$			
New Total Maximum Obligation Of Contract: \$	(Includes Total of "Current Total Maximum Obligation" cate "N/A" if Contract is a Rate Contract, Statewide Contract or Qualified List Contract		
	rify under the pains and penalties of perjury that this Amendment Form and any information omplies with all applicable laws and regulations, and is subject to its associated Contract, as last date below:		
FOR THE CONTRACTOR:	FOR THE DEPARTMENT:		
(Signature)	X:(Signature)		
AME:			
TTLE:	TITLE:		
DATE:			
			

The Department must file the original record copy of any Contract Amendment with the original record copy of the Contract being amended. Record

copies will be located at either OSC, OSD or the Department (if the Department has been approved for Contract delegation authority).